

**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number: 6117CE

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is described and claimed in patent number 5,919,556, granted July 6, 1999, and for which a reissue patent is sought on the invention entitled Multiple Ply Tissue Paper, the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_ as reissue application number \_\_\_  
and was amended on \_\_\_\_\_.  
(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below.  
(Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

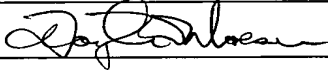
At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The original patent, 5,919,556, claims less than there was a right to claim in that it fails to include certain narrowing dependent claims.

REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2		Docket Number: 6117CE																									
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p>																											
<b>Names</b> Stephen T. Murphy David M. Weirich David K. Mattheis C. Brant Cook Ken K. Patel		<b>Registration Number</b> 42,917 38,361 48,683 39,151 33,988																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> <input checked="" type="checkbox"/> Customer Number         </td> <td style="width: 33%; padding: 5px;"> <u>27752</u>          Type Customer Number here       </td> <td style="width: 34%; padding: 5px;">         Place Customer Number Bar Code Label here       </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number	<u>27752</u> Type Customer Number here	Place Customer Number Bar Code Label here																					
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 5px;"> <input type="checkbox"/> Firm or Individual Name         </td> </tr> <tr> <td colspan="4" style="padding: 5px;">Address</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Address</td> </tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">OH</td> </tr> <tr> <td style="padding: 5px;">Country</td> <td colspan="3" style="padding: 5px;">USA</td> </tr> <tr> <td style="padding: 5px;">Telephone</td> <td style="padding: 5px;">(513)</td> <td style="padding: 5px;">Fax</td> <td style="padding: 5px;">(513)</td> </tr> </table>				<input type="checkbox"/> Firm or Individual Name				Address				Address				City		State	OH	Country	USA			Telephone	(513)	Fax	(513)
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Telephone	(513)	Fax	(513)																								
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																											
Full name of sole or first inventor (given name, family name) Steven Lee Barnholtz																											
Inventor's Signature			Date																								
Residence	5835 Olympia Fields West Chester, OH		Citizenship																								
Mailing Address	Winton Hill Business Center, 6100 Center Hill Ave, Cincinnati, OH 45224																										



REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2		Docket Number: 6117CE			
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Names(s)  Stephen T. Murphy  David M. Weirich  David K. Mattheis  C. Brant Cook  Ken K. Patel </td> <td style="width: 50%; vertical-align: top;"> Registration Number  42,917  38,361  48,683  39,151  33,988 </td> </tr> </table>				Names(s) Stephen T. Murphy David M. Weirich David K. Mattheis C. Brant Cook Ken K. Patel	Registration Number 42,917 38,361 48,683 39,151 33,988
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Correspondence Address: Direct all communications about the application to:					
<input checked="" type="checkbox"/> Customer Number	<u>27752</u> Type Customer Number here	Place Customer Number Bar Code Label here			
OR					
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State	OH		
Country	USA				
Telephone	(513)	Fax	(513)		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>					
Full name of person signing (given name, family name) <div style="text-align: center;"> Douglas W. Moeser, Vice President - Research &amp; Development  Global Family Care, The Procter &amp; Gamble Company </div>					
					
Address of Assignee	6100 Center Hill Avenue Cincinnati, OH 45239	Date	January <u>20</u> , 2004		

<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		Docket Number: 6117CE
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee: Steven Lee Barnholtz		
Patent Number: 5,919,556	Date Patent Issued: July 6, 1999	
Title of Invention: Multiple Ply Tissue Paper		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b).</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
<p>The assignee(s) owning an undivided interest in said original patent is <u>The Procter &amp; Gamble Company</u>, and the assignee(s) consents to the accompanying application for reissue.</p>		
Name of assignee/inventor (if not assigned)		
<p>Signature  Date January <u>20</u>, 2004</p>		
<p>Typed or printed name and title of person signing for assignee (if assigned)          Douglas W. Moeser, Vice President, Research &amp; Development          Global Family Care, The Procter &amp; Gamble Company</p>		

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

**STATEMENT UNDER 37 CFR 3.73(b)**

Patentee/Patent Owner: Steven Lee Banholtz / The Procter & Gamble Company

Application No./Patent No.: 08/967,234 / 5,919,556

Filed/Issue Date: October 29, 1997 / July 6, 1999

Entitled: Multiple Ply Tissue Paper

The Procter & Gamble Company, a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_%  
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 8058, Frame 0931, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

January 20, 2004  
Date

(513) 634-7685  
Telephone number

Douglas W. Moeser  
Typed or printed name

  
Signature

Vice President, Research & Development  
Global Family Care  
Title